

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343137

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☒ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William J Robb, MD

Signature of Treasurer

Electronically Filed by William J Robb, MD

Date

0 1

2 4

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 31

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M M
1 1D D
2 3Y Y Y Y
2 0 1 0

To:

M M
1 2D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		1244924.20
(b) Cash on Hand at Beginning of Reporting Period	1245128.62	
(c) Total Receipts (from Line 19)	39156.30	1397548.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1284284.92	2642472.52
7. Total Disbursements (from Line 31)	10610.94	1368798.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1273673.98	1273673.98
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 31

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	34750.00	1263133.00
(ii) Unitemized	2895.00	94290.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37645.00	1357423.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37645.00	1357423.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	447.14	21870.69
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	18000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	64.16	254.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39156.30	1397548.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39156.30	1397548.32

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	610.94	22219.54	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	610.94	22219.54	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	1339604.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1975.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1975.00	
29. Other Disbursements.....	0.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10610.94	1368798.54	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10610.94	1368798.54	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37645.00	1357423.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1975.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37645.00	1355448.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	610.94	22219.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	447.14	21870.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)	163.80	348.85

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

J Scott Price, MD

Mailing Address Evergreen Orthopaedic Clinic
12911 120th Ave NE Ste H-210City State Zip Code
Kirkland WA 98034-3065FEC ID number of contributing
federal political committee.**C**Name of Employer
Evergreen Ortho ClinicOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: AE92D36491BCF4E30948

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael C Albert, MD

Mailing Address 5704 Stone Lake Dr

City State Zip Code
Dayton OH 45429-6053FEC ID number of contributing
federal political committee.**C**Name of Employer
Ortho Ctr For Spinal & Pe-
diatrOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: A98B223C007E44DE2914

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marc Bergman, MD

Mailing Address 17635 Boniello Rd

City State Zip Code
Boca Raton FL 33496-1509FEC ID number of contributing
federal political committee.**C**Name of Employer
Boca Raton Ortho & Sports
MedicineOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: AF85C32342FC6428587B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Robert H Blotter, MD

Mailing Address 1116 Ortman

City

Marquette

State

MI

Zip Code

49855-9333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Surgical Assoc
of Marquett

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: A314F9A7EB7DC497494A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William Landess Bourland, MD

Mailing Address 6286 Briarcrest Ave

City

Memphis

State

TN

Zip Code

38120-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Memphis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: AF537011206724155907

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Paul Chapman, MD

Mailing Address 985 Prince Phillip Dr

City

Dubuque

State

IA

Zip Code

52003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Associates Of Dub-
uque

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: A05994FF859B24BC388C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Bryan D Den Hartog, MD

Mailing Address 7220 South Hwy 16

City

Rapid City

State

SD

Zip Code

57702-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedic Cl-
inic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: AA15D07719DF949A9913

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William Charles Jacobson, MD

Mailing Address 31370 Ashworth Rd

City

Waukeez

State

IA

Zip Code

50263-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Orthopedic & Spor-
ts Me

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: A6E6B19755B0E422D8F7

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daryl Sheldon Larke, MD

Mailing Address 60 Laurel Ridge Rd

City

Prestonsburg

State

KY

Zip Code

41653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylands Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: AF4A430A024B34318AE2

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Robert C Martin, DO

Mailing Address 110 Patrick Ct

City

Rocky Mount

State

NC

Zip Code

27804-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Regional Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: AEA27529682964659A12

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey M McCullen, MD

Mailing Address 2740 Van Dorn St

City

Lincoln

State

NE

Zip Code

68502-4256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurological & Spinal Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: A50B438DC871F4E76A07

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John W McGrail, MD

Mailing Address 460 W Central Ave

City

Delaware

State

OH

Zip Code

43015-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: AA6D6270040AA4BE1B2B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Mark Herman Meyer, MD

Mailing Address PO Box 2410

City

Kearney

State

NE

Zip Code

68848-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kearney Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: A28983D2677284F93BBB

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Franklin Mirrer, MD

Mailing Address 351 Elm Grove Ave

City

Providence

State

RI

Zip Code

2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: A94FCF780272B4939A26

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael A Pappas, MD

Mailing Address 5808 Whitney Ln

City

Texarkana

State

TX

Zip Code

75503-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Collum Carney Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: ADC2B3C381438486FB6A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

J Teig Port, MD

Mailing Address 456 Wyndemere

City

Rockwall

State

TX

Zip Code

75032-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: AE2A3B8041932494C962

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David P Rudman, MD

Mailing Address 490 Clinton Ave

City

Wyckoff

State

NJ

Zip Code

7446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Specialty Orthopedics of
NJ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: A378346E42C6E419CBF4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Scott Beecher Scutchfield, MD

Mailing Address 1591 Lexington Rd

City

Danville

State

KY

Zip Code

40422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Kentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: AB684E05696D94FE090A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Richard C Smith, MD

Mailing Address 12516 Park Ave

City

Windermere

State

FL

Zip Code

34786-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Center for Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: A04FEB13DECFA40ABB85

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Stecker, MD

Mailing Address 20 Overbrook Rd

City

Randolph

State

NJ

Zip Code

07869-4542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
West Jersey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: ABDC5350793EE4FDDB3B

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul T Yellin, MD

Mailing Address 17 Exchange St W Ste 307

City

Saint Paul

State

MN

Zip Code

55102-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 1 0

Transaction ID: AB4A4B0D522824CFE9C8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Donald Patrick Condit, MD

Mailing Address 1000 East Paris SE Ste 115

City

Grand Rapids

State

MI

Zip Code

49546-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: A9BD99C6F0AA942638BF

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James Jay Harms, MD

Mailing Address 705 S Elm Blvd

City

Champaign

State

IL

Zip Code

61820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: A074B9459F0B74B22A6F

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kevin W Lanighan, MD

Mailing Address 5527 Pine Loch Ln

City

Buffalo

State

NY

Zip Code

14221-2851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northtowns Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: A5D2F6DFB62174E6DB1C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Thomas Peatman, MD

Mailing Address 1137 Vallecito Ct

City

Lafayette

State

CA

Zip Code

94549-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Webster Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: AA04F73C7E6C8423B957

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Steven M Sanders, MD

Mailing Address 9124 Eagle Hills Dr

City

Las Vegas

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: AD112EC569A2343E0942

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William J Robb, MD

Mailing Address 23 Indian Hill Road

City

Winnetka

State

IL

Zip Code

60093-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Bone and Joint
Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	1	0

Transaction ID: AD0154A2FB98D4F1892E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Laurel A Beverley, MD, MPH

Mailing Address 701 W Lakeside Ave #1104

City

Cleveland

State

OH

Zip Code

44113-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A59468B2BAE9546C7A31

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert H Blotter, MD

Mailing Address 1116 Ortman

City

Marquette

State

MI

Zip Code

49855-9333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Surgical Assoc
of Marquett

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A4A4B77312A6741AE866

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John J Coen, MD

Mailing Address 870 NW Scenic Wood Pl

City

Albany

State

OR

Zip Code

97321-9144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hope Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A177FF6C2057D4794860

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

V Christopher Inzerillo, MD

Mailing Address 8 De Angelis Dr

City

Monroe

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crystal Run Health Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: AECB9288EA1A547238D5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roger A Mann, MD

Mailing Address 80 Grand Ave 5th Fl

City

Oakland

State

CA

Zip Code

94612-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A9853FE5B14FA4058A87

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jon Michael Maxwell, MD

Mailing Address 487 Seel Dr

City

Adrian

State

MI

Zip Code

49221-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A8DF70888834946AA937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Keith D Nord, MD

Mailing Address 31 Stonehaven Rd

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sports, Orthopedics & Spi-
ne

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: AC12E4B143BC84DC7867

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Douglas W Pahl, MD

Mailing Address 2912 Wingfield Dr

City

Columbus

State

GA

Zip Code

31906-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A2C58A6D7E75F49EBAFB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mohammad Sirajullah, MD

Mailing Address 5558 Bienveneda Ter

City

Palmdale

State

CA

Zip Code

93551-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: AE56EA151E6DD451AA85

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Richard M Terek, MD

Mailing Address 2 Dudley St Ste 200

City

Providence

State

RI

Zip Code

02905-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopedic Spe-
cial

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: AF87BC0A778A14D85B88

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Don T Williams, MD

Mailing Address 17762 Moro Rd

City

Salinas

State

CA

Zip Code

93907-8524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A2CB5837B37A64590A45

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cedric Loh-Shin Wong, MD

Mailing Address 1717 Azavedo Ccourt

City

Folsom

State

CA

Zip Code

95630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: AC04811420ABC4BB196E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

David P Zamorano, MD

Mailing Address 5849 E Treehouse Ln

City

Anaheim Hills

State

CA

Zip Code

92807

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC Irvine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: A5558FD787D8D4F17935

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Judith F Baumhauer, MD

Mailing Address 5 Sylvan Glen

City

Fairport

State

NY

Zip Code

14450-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Rochester Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AD5A0330458504471AB7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John C Clohisy, MD

Mailing Address 37 Godwin Ln

City

Saint Louis

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: A5DF284388E5F44E6BC4

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Jack Farr, II, MD

Mailing Address 5287 N 400 W

City

Bargersville

State

IN

Zip Code

46106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AE5869D557CC1425F9A5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gerald A M Finerman, MD

Mailing Address Rm 76143 CHS
10833 Le Conte Ave

City

Los Angeles

State

CA

Zip Code

90095-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: A50218C2BE3414A0C936

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robin Wayne Hendricks, MD

Mailing Address 5290 Lakewood Rd

City

Duluth

State

MN

Zip Code

55804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AD100B4A6F8E740D5A40

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Frank W Jobe, MD

Mailing Address 6801 Park Terr 5th Fl

City

Los Angeles

State

CA

Zip Code

90045-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerlan Jobe Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: A653BDF48C44D47DC881

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bernard G Kirol, MD

Mailing Address 106 Buckthorn Circle

City

Elgin

State

SC

Zip Code

29045-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Orthopaedics, PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AA40F87ABF7414DEA9E1

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Claiborne Lake Moseley, MD

Mailing Address 3500 Big Creek Cove

City

Jonesboro

State

Zip Code

72404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AB57FFE3515E74B1FA9C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Ronald K Robinson, MD

Mailing Address 2545 W Hammer Ln

City

Stockton

State

CA

Zip Code

95209-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Gould Med Foundati-
on

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: A1A7C7F6BEBAC49188FF

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William O Samuelson, MD

Mailing Address 2800 Pierce St Ste 101

City

Sioux City

State

IA

Zip Code

51104-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AC072300464B6465DB97

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert N Satterfield, MD

Mailing Address 1019 Brookside Dr NW

City

Wilson

State

NC

Zip Code

27893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: AA4B7150333FE461F869

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

David S Weisman, MD

Mailing Address 585 Cranbury Rd

City

East Brunswick

State

NJ

Zip Code

08816-4092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatric Orthopedic Asso-
ciate

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: A6CC5911D5DF547BDBD2

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Constance R Chu

Mailing Address 5428 Ellsworth Ave

City

Pittsburgh

State

PA

Zip Code

15232-1877

FEC ID number of contributing
federal political committee.

C

Name of Employer
U Pitt Med Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: AFCB8AAD2DCE94B4FABD

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

34750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st FloorCity State Zip Code
Washington DC 20002FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6638.01

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: A1E2972B06BA24400921

Amount of Each Receipt this Period

447.14

Refund of bank fees from
affiliated organization

SUBTOTAL of Receipts This Page (optional)

447.14

TOTAL This Period (last page this line number only)

447.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Friends of Kelly Ayotte

Mailing Address P.O. Box 233

City

Nashua

State

NH

Zip Code

03061

FEC ID number of contributing
federal political committee.

C C00464297

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: A273E1D958930425DA21

Amount of Each Receipt this Period

1000.00

Refund of contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City

Chicago

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: AA313C94B2C974F81983

Amount of Each Receipt this Period

2.39

Interest earned on bank
account

B.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City

Chicago

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: AE6BB9481C5074146B6D

Amount of Each Receipt this Period

32.09

Interest earned on bank
account

C.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City

Chicago

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.17

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: A7C7A5C3D68DA44A89DA

Amount of Each Receipt this Period

27.22

Interest earned on bank
account

SUBTOTAL of Receipts This Page (optional)

61.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City

Chicago

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

254.63

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: AE77524F3422C4DE6A1E

Amount of Each Receipt this Period

2.46

Interest earned on bank
account

SUBTOTAL of Receipts This Page (optional)

2.46

TOTAL This Period (last page this line number only)

64.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Aristotle International, Inc			Transaction ID: BA3AD92A1B73E4107938	
	Mailing Address 205 Pennsylvania Ave SE			Date of Disbursement 11 / 23 / 2010	
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 16.00	
	Purpose of Disbursement Credit card processing fees		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc			Transaction ID: B755692B13F4D442CB2D	
	Mailing Address 205 Pennsylvania Ave SE			Date of Disbursement 11 / 23 / 2010	
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 14.00	
	Purpose of Disbursement Credit card processing fees		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc			Transaction ID: B227B01334D6A47FEBB3	
	Mailing Address 205 Pennsylvania Ave SE			Date of Disbursement 11 / 30 / 2010	
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 40.00	
	Purpose of Disbursement Credit card processing fees		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Northern Trust Company	Transaction ID: B5605672896B74BEE9BF Date of Disbursement																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	1	0												
City Chicago State IL Zip Code 60675	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">197.64</td> </tr> </table>	197.64																			
197.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Northern Trust Company	Transaction ID: B5C1924C366D14F8583E Date of Disbursement																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	1	0												
City Chicago State IL Zip Code 60675	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">209.50</td> </tr> </table>	209.50																			
209.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Aristotle International, Inc	Transaction ID: B14BEE86B53BE4D2888C Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">40.80</td> </tr> </table>	40.80																			
40.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

447.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BB4E16ED3DE5C47FB975

Date of Disbursement

12 / 30 / 2010

Amount of Each Disbursement this Period

4.00

B.

Full Name (Last, First, Middle Initial)

Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B6ED42EB97A85437A904

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

89.00

SUBTOTAL of Disbursements This Page (optional) ►

93.00

TOTAL This Period (last page this line number only) ►

610.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Friends of Scott Desjarlais

Mailing Address P.O. Box 311

City	State	Zip Code
Jasper	TN	37347

Purpose of Disbursement

Candidate Name
Rep. Scott Eugene DesjarlaisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: TN District: 04

Debt2010

Transaction ID: B8081F733ACA74148B09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Speak up America Political Action Committee

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Joe Wilson's Leadership PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other0

Transaction ID: B4830A46EFAE64F60B56

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00